

ASSOCIATION NOTES

SUMMARY AND RECOMMENDATIONS
OF THE
BRIEF TO THE ROYAL COMMISSION ON
HEALTH SERVICES
FROM THE
MEDICAL SOCIETY OF NOVA SCOTIA

1. Our studies in preparing this brief have impressed on us the extent and multiplicity of the health services which are available in the interests of the patient as an individual and the public as a whole.
2. This section is based on "... recommending methods of ensuring that the best possible health services be available to all Canadians". We believe that, in the provision of medical services in prevention, diagnosis, treatment and rehabilitation, the physician has been and will be the central factor.
3. Our recommendations relate themselves to our proposals for priorities in the improvement of health services (Term [k], Page 94). We emphasize, however, that attention to any one element should not be so intense that other essential features are disregarded. In our view improvements should be proceeded with on a broad front. We recognize that neither public nor private financing will permit implementation of all the desirable extensions of health services at one time to their fullest extent. With these considerations in mind we submit the following recommendations.

4. RECOMMENDATION 1

The Training of Health Personnel

Deficiencies in the number of physicians available to serve the needs of the people of Nova Scotia have been disclosed in our studies. We are dependent in large measure on the graduates of the Faculty of Medicine of Dalhousie University for the general practitioners and specialists who practise in this Province. Our first recommendation therefore relates itself to aid to medical education and we propose a capital investment of \$4.5M. of public and private funds to provide for the expansion of the Dalhousie Medical School. Details of the proposal are outlined in the narrative portion of our submission relative to Terms [e] Page 67, [f] Page 71, and [g] Page 78.

5. The recruitment of medical students must be accelerated. In all its studies and recommendations it is our hope that this Commission will keep in mind that a career in medicine should be made more attractive by reason of any changes proposed.
6. The maintenance of adequate facilities for medical education will involve an annual sum of unknown but substantial amount. The support of the only medical school in the Atlantic provinces is worthy of increased financial participation of the four provinces concerned, as well as that of the Federal authority. Grants to medical under-

graduates will be necessary to permit them to finance the long, expensive course and to ensure sufficient recruitment of suitable medical students.

7. Not less urgent is the need for increased numbers of paramedical workers of all types. In certain instances, training facilities in the Atlantic provinces will require enlargement and support. In other cases where no facilities exist, the establishment of schools and courses is necessary. On Page 13 (Paras. 43-60), we have outlined the deficiencies as we see them and we recommend the amplification of the Professional Training Grant under the National Health Grants program to assist the training of these essential workers.
8. Closely related to the education and training of health workers is medical research and it is evident that the pursuit of new knowledge and better methods is fundamental to the improvement of health services. It is our view that funds for research should be provided largely through continued and increasing support of the Medical Research Council. However, it will be impossible and undesirable to separate completely clinical investigation from medical services or hospital insurance programs. (See Term [j], Page 92.)

9. RECOMMENDATION 2

The Provision of Physical Facilities for Improved Health Services

Although we have designated the provision of trained personnel as our primary requirement, concurrent action in the provision of physical facilities must go forward. In our appraisal of the situation under Term [f], Page 71, we have stated that active and long-term treatment hospitals to a level of 6.9 beds per 1000 of our population is a valid objective. We recommend that the construction of 1170 additional active treatment beds be proceeded with and we estimate the capital cost of construction to be approximately \$23.4M.

10. The construction of 920 beds for the care of convalescent, chronic and terminal patients, preferably located in close relationship to active treatment hospitals, is also necessary. We estimate the construction cost of these facilities to be \$9.2M.
11. We further recommend that a rehabilitation centre be constructed at an approximate cost of \$3M., that community health centres be provided in areas of need, that facilities for mental health clinics be considerably amplified and that a hostel for the accommodation of patients attending the Nova Scotia Tumour Clinic be constructed. We estimate the capital cost of the latter three facilities to be of the order of \$350,000.
12. The implementation of our recommendation for the reform of the mental health services will unquestionably require the replacement of facilities but we are not at this time prepared to estimate the cost involved.
13. We fully appreciate that expenditures of considerable magnitude will be required to bring our present health facilities up to a reasonable standard

of adequacy and that their maintenance will involve substantial annual outlays.

14. Our thoughts on methods of financing are outlined in the comment under Term of Reference [i], Page 80.

15. RECOMMENDATION 3

Universally Available Voluntary Medical Services Insurance

We have spelled out in considerable detail our belief that comprehensive medical services insurance should be available to every resident of Nova Scotia regardless of age, state of health or financial status (Page 39, Para. 140; Page 63, Para. 210).

16. We recommend that for 100,000 of our fellow citizens who may be classified as indigent, the total cost of such services be paid from public funds. For those above this level of economic status, who can prove need, we suggest that assistance be provided to enable them to purchase the coverage which they require. For the self-supporting majority, we recommend that they be encouraged to continue to be responsible for personal health services by insurance coverage or from their own resources (Pp. 90-91).
17. We recommend that one or more approved carriers of medical services insurance be identified and that the plan be subsidized to the degree required to provide service to the groups already mentioned and to permit the enrolment of individuals of any age or state of health.
18. We have estimated that the cost of providing comprehensive medical insurance coverage to the "medically indigent" would be \$2.5M. per year.
19. No estimate has been made of the cost of subsidizing those who require partial assistance or the extra cost of enrolling those over 65.

20. RECOMMENDATION 4

Reform of the Programs on Mental Health Services, Rehabilitation and Cancer Control

At Paragraphs 104-112, Page 27, we have commented on the services available to the population in the field of mental health, and many deficiencies have been pointed out. In our view, there is urgent need for a new approach to the problems of mental ill-health, particularly with respect to institutional services.

21. Twelve recommendations are presented which are designed to accomplish the necessary reform (Page 32, Para. 128). It has not been possible to estimate the cost of the improvements which we propose but they will undoubtedly involve a considerable outlay of public funds.
22. The rehabilitation of the sick and injured may be regarded as a neglected area of health services and the facilities available in Nova Scotia represent nothing more than a beginning. We have discussed the essentials of an adequate service and have incorporated several recommendations to achieve it (Page 39, Para 141; Page 40, Para 143). Aside from a recommended expansion of the facilities of the Nova Scotia Rehabilitation Centre at an estimated cost of \$3M., we have

not undertaken to project the expenditures necessary to provide adequate rehabilitation services throughout the Province.

23. Through the operation of the Nova Scotia Tumour Clinic an impressive start has been made in the diagnosis of cancer and its treatment by radiotherapy and surgery. Improvements in the service of cancer control and its extension throughout the Province are discussed on Page 34, Paras. 138-145, and we recommend as an initial step the establishment of a hostel for the accommodation of patients attending the Nova Scotia Tumour Clinic to spare the use of active treatment beds. An expenditure of \$100,000 for this purpose would in the long run prove economical.

24. RECOMMENDATION 5

Public Health

The foregoing recommendations each have a bearing on the public health. The Department of Public Health of Nova Scotia is an integral component in the provision of health services. There are areas of health care which require a co-ordinated approach by the Department of Public Health, the medical profession and other interested bodies. We recommend that the following be considered in this context: cardiorenal disease, traffic accidents, rheumatic diseases, maternal and perinatal health, child health, health of the aged and alcoholism.

25. RECOMMENDATION 6

Miscellaneous Improvements

In our appraisal of the health services currently available in Nova Scotia, we have encountered situations where improvements should be instituted without fundamental change in the character of the service itself. In this category we recommend:

- (a) the better identification of eligible patients under the Indian Health Services and the promulgation of a more realistic schedule of medical fees.
 - (b) the institution of freedom of choice of doctor by entitled Sick Mariners in place of the Port Physician system.
 - (c) the extension of the current public program for the provision of drugs to the chronically ill, to include patients who are not under institutional care, including the mentally ill, the patients under the cancer programs and those who are being rehabilitated.
 - (d) that the beneficiaries under the Federal Civil Servants Group Surgical Medical Insurance Plan be afforded a choice of carrier. If groups decide that the service benefits available under plans such as Maritime Medical Care are preferable, then the employer's contribution and the privilege of payroll deduction should be applicable (Page 23, Para. 93).
26. Finally, Mr. Chairman, we wish to express to you and the Commissioners our full appreciation of the magnitude and importance of the task which, as a Royal Commission, you have undertaken. In the time available since the announcement of your terms of reference we have as-

siduously applied ourselves to a study of each item, resulting in the foregoing recommendations and the narrative which follows. The results of certain studies already initiated will be made available to you as soon as possible.

27. The Medical Society of Nova Scotia wishes you well in your inquiries and the formation of your recommendations and is prepared to offer your Commission any assistance of which we are capable.

PUBLIC HEALTH

SUMMARY OF REPORTED CASES OF NOTIFIABLE DISEASES IN CANADA* ISSUED BY THE PUBLIC HEALTH SECTION, DOMINION BUREAU OF STATISTICS

| Disease | Week ended (1961): | | | | Cumulative total since beginning of year | |
|---|--------------------|-----------|---------|---------|---|--------|
| | August 19 | August 26 | Sept. 2 | Sept. 9 | 1961 | 1960 |
| Brucellosis (Undulant fever)..... (044) | 1 | 2 | 3 | 7 | 89 | 104 |
| Diarrhea of the newborn, epidemic..... (764) | — | 3 | 3 | 1 | 66 | 37 |
| Diphtheria..... (055) | 3 | 1 | 1 | 4 | 52 | 22 |
| Dysentery..... (045, 046, 048) | 105 | 64 | 100 | 108 | 2,365 | 1,971 |
| (a) Amebic..... (046) | 1 | — | — | — | 6 | 2 |
| (b) Bacillary..... (045) | 37 | 30 | 35 | 52 | 1,069 | 1,689 |
| (c) Other and unspecified..... (048) | 67 | 34 | 65 | 56 | 1,290 | 280 |
| Encephalitis, infectious..... (082.0) | — | — | 2 | — | 3 | 4 |
| Food poisoning:..... (049.0, 042.1, 049.2) | 23 | 22 | 24 | 93 | 841 | 942 |
| (a) Staphylococcus intoxication..... (049.0) | — | 3 | — | — | 24 | 309 |
| (b) Salmonella with food as vehicle of infection..... (042.1) | 22 | 19 | 24 | 23 | 718 | 607 |
| (c) Unspecified..... (049.2) | 1 | — | — | 70 | 99 | 26 |
| Hepatitis, infectious (including serum hepatitis)..... (902, N998.5) | 231 | 133 | 214 | 194 | 7,341 | 3,853 |
| Meningitis, viral or aseptic..... (080.2, 082.1) | 16 | 19 | 15 | 18 | 204 | 485 |
| (a) Due to poliovirus..... | 5 | 8 | 2 | 2 | 32 | 246 |
| (b) Due to Coxsackie virus..... | 1 | 1 | — | 1 | 12 | 101 |
| (c) Due to ECHO virus..... | — | — | — | — | — | 7 |
| (d) Other and unspecified..... | 10 | 10 | 13 | 15 | 160 | 131 |
| Meningococcal infections..... (057) | 4 | 2 | 1 | — | 86 | 122 |
| Pemphigus neonatorum (Impetigo of the newborn)..... (766) | — | — | — | — | 9 | 7 |
| Pertussis (Whooping cough)..... (056) | 118 | 106 | 88 | 118 | 2,941 | 3,872 |
| Poliomyelitis, paralytic..... (080.0, 080.1) | 10 | 20 | 6 | 7 | 105 | 608 |
| Scarlet fever and Streptococcal sore throat..... (050, 051) | 127 | 76 | 102 | 127 | 9,706 | 16,930 |
| Typhoid and Paratyphoid fever..... (040, 041) | 2 | 4 | 9 | 8 | 182 | 245 |
| Venereal diseases..... (020-038)† | 455 | 350 | 443 | 372 | 12,608 | 12,006 |
| (a) Gonorrhea..... (030-034) | 396 | 294 | 386 | 328 | 11,035 | 10,612 |
| (b) Syphilis..... (020-021.3, 023, 024, 026-029) | 59 | 56 | 57 | 44 | 1,572 | 1,391 |
| (c) Other†..... (036-038) | — | — | — | — | 1 | 3 |

*Figures for the Yukon are received four-weekly and are, therefore, shown in the cumulative totals only.

†Including chancroid, granuloma inguinale and lymphogranuloma venereum.

‡Excluding 021.4, 022, 025 and 035.

PARALYTIC POLIOMYELITIS IN CANADA* 39TH WEEK—ENDING SEPTEMBER 30, 1961

| | Reported cases | | | | | | | | | Deaths | | |
|----------------------------|----------------|------|------|-----------|------|------|--------------|------|------|--------------|------|------|
| | This week | | | Last week | | | To this date | | | To this date | | |
| | 1961 | 1960 | 1959 | 1961 | 1960 | 1959 | 1961 | 1960 | 1959 | 1961 | 1960 | 1959 |
| Canada..... | 2 | 32 | 91 | 1 | 34 | 126 | 126 | 783 | 1455 | 6 | 68 | 136 |
| Newfoundland..... | — | 1 | 5 | — | 1 | 9 | 10 | 42 | 124 | — | 4 | 8 |
| Prince Edward Island..... | — | — | — | — | — | 1 | — | — | 4 | — | — | — |
| Nova Scotia..... | — | — | 2 | — | — | 1 | 1 | 9 | 6 | 1 | 1 | — |
| New Brunswick..... | — | 4 | 6 | — | 4 | 3 | 1 | 80 | 37 | — | 2 | 5 |
| Quebec..... | — | 17 | 45 | — | 15 | 70 | 60† | 249 | 966 | 3 | 30 | 88 |
| Ontario..... | — | — | 14 | 1 | 2 | 22 | 18† | 27 | 156 | — | 1 | 16 |
| Manitoba..... | — | — | 1 | — | 1 | 1 | — | 10 | 25 | — | 1 | 2 |
| Saskatchewan..... | 2 | 2 | 2 | — | 1 | 4 | 7 | 51 | 33 | — | 8 | 3 |
| Alberta..... | — | 7 | 3 | — | 9 | 3 | 25 | 161 | 39 | 2 | 9 | 3 |
| British Columbia..... | — | 1 | 13 | — | 1 | 12 | 4 | 154 | 54 | — | 12 | 7 |
| Yukon..... | — | — | — | — | — | — | — | — | — | — | — | — |
| Northwest Territories..... | — | — | — | — | — | — | — | — | 11 | — | — | 4 |

*Weekly returns based on telegraphic reports by provinces.

†Includes two new delayed reports.

Epidemiology Division, Department of National Health and Welfare, Ottawa, October 5, 1961